August 7, 2003

To the Editor:
The recent Atlantic City Press editorial urging the implementation of needle exchanges in the state touches on some aspects of the issue but, in the view of the National Council on Alcoholism and Drug Dependence-New Jersey, omits a vital part of the debate. The editorial noted that it is long overdue for the state to implement syringe exchanges to address HIV/AIDS, and it mentioned that needle exchanges offer an enlightened approach in place of fruitless moralizing about drug use. In fact, the exchanges offer potential health benefits beyond helping to arrest the spread of HIV/AIDS. The National Council on Alcoholism and Drug Dependence-New Jersey embraces the proposal because, in addition to sparing many from HIV/AIDS, it also represents the hope of rescuing addicts from drug addiction.

NCADD-NJ has been heartened to hear some of the specifics the McGreevey Administration has said it wants included in a needle exchange pilot program. Health and Senior Services Commissioner Clifton Lacy has advanced a version of needle exchanges that mirrors NCADD-NJ’s position on the issue. The commissioner, beginning at his confirmation hearing and reiterated as recently as an article appearing last month in the Newark Star Ledger, said he considers the true value of needle exchanges to lie in their providing a conduit to treatment for addicts. To focus strictly on the syringe exchanges, he said, overlooks the opportunity to engage addicted individuals in rehabilitation and education.

The editorial makes mention of the fact that addiction is a disease and therefore should not be thought of as a moral failing. This fact is of upmost importance to NCADD-NJ, which stresses that, in addition to HIV/AIDS, there is another progressive, chronic and fatal disease that needs to be interrupted: addiction. For this reason, NCADD-NJ agrees wholeheartedly with the commissioner’s viewpoint. The council hopes to see the state enact a syringe exchange program that offers the greatest likelihood of referring addicts for treatment. Among the conditions that help to ensure such referrals are requiring that drug treatment be available in any service area participating in the proposed pilot program; making treatment an integral part of the exchange program itself; and monitoring and evaluating participation rates, including recording the number of participants who enter treatment through the program and checking their treatment status.

Treatment and education need to be more than mere window dressing on whatever form needle exchange takes in the state. Assuring the availability of drug treatment services in the pilot project is no small matter considering the findings of the New Jersey Substance
Abuse Prevention and Treatment Advisory Task Force, which revealed that one in two of the state’s adults and two-thirds of adolescents could not access treatment when they sought it. If an addicted intravenous drug user engages the services of needle exchange program and presents himself at that project as wanting treatment for his addiction, it must be available to him. If it is not, the project has failed that individual and could not in any true sense be called a success.

Sincerely,

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